

Student Registration Information

Student Name: _____

Student ID: _____

School Name: _____

Date of Birth: _____ Current Age: _____

_____ Gender (Select One): Male Female

Address: _____

Medical Documentation

In order to participate in the CPS SCORE! Students must meet the district's Physical Examination requirement. The requirement is that a Physical Examination must be completed within one year prior to entry to:

- Preschool and kindergarten (physical exam and lead screening through age 6)
- 6th grade and 9th grade (ages 5, 11, 15 for ungraded programs)
- Any student entering CPS for the first time

Please indicate any medical conditions or allergies staff should be aware of during program activities:

Parent/Guardian and Emergency Contact Information

Parent/Guardian Name (Primary Contact): _____

Relationship: _____ Phone Number: _____

Email: _____

Secondary Contact Name: _____

Relationship: _____ Phone Number: _____

Email: _____

2022 CPS SCORE! Fall Sports

Please select one of the following:

- Boys Soccer
- Girls Cross Country
- Boys Cross Country
- Girls Volleyball

Chicago Public Schools Sports Administration Parent Consent and Waiver Form

Student Name: _____

I represent that I am the parent or legal guardian of the above-named student.

I give permission for my child to participate in Chicago Public Schools athletics. I understand and acknowledge that there are known and unknown risks and the potential for injury inherent in all athletic activity, including but not limited to: bruises, scrapes, cuts, bumps, fractures, concussions, paralysis, or death.

I acknowledge and understand that participation in sports activities creates additional risks to my child, myself and other members of my family and community associated with potential exposure to illness including the COVID-19 virus and these risks are greater when people are in close contact with each other. I agree to allow my child to participate despite these risks. **I agree that my child will adhere to any safety precautions implemented by staff including but not limited to (1) allowing body temperature checks, (2) answering health-related questions, (3) wearing masks or face-coverings, (4) supplying and using his/her own water bottle(s) and towel(s) and other personal equipment/supplies when engaged in this activity and (5) adhering to social distancing requirements.** I understand that my child's failure to adhere to these requests may disqualify my child from participating in sports activities. I agree that my child will not participate in any athletic activity if my child is positive with, or showing symptoms of, COVID-19.

I, for myself, as well as my child, our heirs, assigns, representatives, and next of kin agree to hold harmless, release, waive any all claims against the Board of Education of the City of Chicago (aka Chicago Public Schools), its officers, employees, and volunteers, from any and all illness, injuries, liabilities or damages arising from participation in sports activities including those arising from negligence or willful and wanton misconduct by the Board of Education of the City of Chicago, its employees, officers and/or volunteers. I additionally agree to indemnify and defend the Board of Education of the City of Chicago for any defense cost or expense arising from any and all claims, injuries, liabilities or damages arising from my child's participation.

Parent/Guardian Signature: _____ Date:

Authorization for Medical Treatment

I understand that in the case of an injury or illness which requires treatment by medical

personnel and transportation to a healthcare facility, a reasonable attempt will be made to contact the student-athlete's parent/guardian. However, if necessary, the student-athlete will be treated and transported via ambulance to a medical facility such as a hospital.

Parent/Guardian Signature: _____ Date:

Students are not permitted to participate in athletic activities at Chicago Public Schools until they meet CPS' Physical Examination requirements for ES and HS athletics and have proof of a current Physical Examination on file at the school.